

INSTRUCTIONS FOR PREPARING NONPUBLIC SCHOOL/AGENCY (NPS/A) WAIVER REQUEST

(Revised 2008)

IDENTIFICATION INFORMATION

Nonpublic school/agency: Identify the name of the nonpublic school or agency that is subject to this waiver.

Nonpublic school CDS or nonpublic agency site code: List the 14-digit CDS (nonpublic school) or the 7-digit site code (nonpublic agency). The CDS or site code is listed on the certificate issued by the California Department of Education (CDE). If the CDE or site code is not listed on your certificate, please call the California Department of Education, Special Education Division at (916) 327-0141.

NPS/A contact person and e-mail address: List the name of the person who is most knowledgeable about this waiver request (may also be the person completing the form). California Department of Education staff frequently must call or e-mail for additional information and questions about the waiver contents.

Address, phone, and fax number: Provide the complete address, phone number (include extension number), and fax number of the nonpublic school or agency that is subject to this request.

Period of request: Specifically, indicate the beginning and ending dates (month/day/year) for the request.

LEGAL CRITERIA

Authority for the waiver (Item 1): *Education Code* Section 56366.2 allows a local educational agency or nonpublic, nonsectarian school or agency to petition the Superintendent to waive one or more of the requirements under sections 56365, 56366, 56366.3 and 56366.6.

Education Code or portion to be waived (Item 2): Mark the appropriate box for the *Education Code* Section number(s) that you want to waive (in part or in whole). If only a portion of a section is to be waived, include that portion verbatim after checking the appropriate box.

Desired outcome/rationale (Item 3): State as briefly as possible what this waiver will accomplish. Please do not restate the law. Briefly describe the circumstances that brought about this request and why the waiver is necessary.

Petitioner certification: The local educational agency or nonpublic school, or nonpublic agency is to certify the accuracy of the information, sign where indicated, and date the application.

Send original plus one copy to:

California Department of Education
 Special Education Division
 Interagency-Nonpublic Schools/Agencies Unit
 1430 N Street, Suite 2401
 Sacramento, CA 95814

Faxed copies will not be accepted!

NPS CDS or NPA Site Code: _____

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|--|---------------------------------------------|--|
| Nonpublic School/Agency: | | NPS/A Contact Person: | | E-Mail Address: | |
| Address: (Street) | | | | Phone Number & Extension (if applicable) | |
| | | | | () - x | |
| (City) | | (State) | | (ZIP) | |
| | | | | Fax Number: | |
| | | | | () - | |
| Period of request: (month/day/year) From: To: | | | | | |
| LEGAL CRITERIA | | | | | |
| 1. Authority for the waiver: <i>Education Code</i> Section 56366.2 allows a local educational agency or nonpublic, nonsectarian school or agency to petition the Superintendent to waive one or more of the requirements under sections 56365, 56366, 56366.3 and 56366.6. | | | | | |
| 2. <i>Education Code</i> Section to be waived: | | | | | |
| <i>Education Code</i> Section 56365: <input type="checkbox"/> | | | | | |
| <i>Education Code</i> Section 56366: <input type="checkbox"/> | | | | | |
| <i>Education Code</i> Section 56366.3 <input type="checkbox"/> | | | | | |
| <i>Education Code</i> Section 56366.6 <input type="checkbox"/> | | | | | |
| 3. Desired outcome/rationale. State what you hope to accomplish with the waiver. Describe briefly the circumstances that brought about the request and why the waiver is necessary to achieve improved student performance and/or streamline or facilitate local agency operations. (If more space is needed, you may attach additional pages.) | | | | | |

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| Petitioner Certification. <i>I hereby certify that the information provided on this application is correct and complete.</i> | | |
| Signature of Petitioner: | Title: | Date: |
| FOR CALIFORNIA DEPARTMENT OF EDUCATION USE ONLY | | |
| Staff Name (<i>type or print</i>): | Staff Signature: | Date: |
| Unit Manager (<i>type or print</i>): | Unit Manager Signature: | Date: |
| Division Director (<i>type or print</i>): | Division Director Signature: | Date: |
| Deputy Superintendent (<i>type or print</i>): | Deputy Superintendent Signature: | Date: |